

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee
NAMATH 65th ASSEMBLY

Street Address
6109-25th AVE.

City, State and Zip Code
KENOSHA, WI. 53143

GAB ID Number: **0101425**

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

REPORT PERIOD

☐ January Continuing ☐ Pre-Primary ☒ July Continuing **6-30-12** ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special ☐ Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

Column A
This Period
\$ **82.00**

Column B
Calendar
Year-To-Date
\$

1B. Contributions from Committees (Transfers-In)

\$

\$

1C. Other Income and Commercial Loans

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ **82.00**

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$ **28.56**

\$

2B. Contributions to Committees (Transfers-Out)

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ **28.56**

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$ **0**

Total Receipts

\$ **82.00**

Subtotal

\$ **82.00**

Total Disbursements

\$ **28.56**

CASH BALANCE END OF REPORT

\$ **58.44**

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ **58.44**

LOANS (Balance at the Close of This Period-3B)

\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

ALBERT NAMATH

Signature of Candidate or Treasurer

Albert Namath

Date:

7-20-12

Daytime Phone:

262-902-1004

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information is a violation of ss.11.60, 11.61, Wis. Stats.

GAB-2S (Rev. 12/09)

Form prescribed by the Government Accountability Board, P. 608-266-8005.



0101425-99

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

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Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
6/18/12	ALBERT NAMATH 6109-25th AVE. Kenosha, WI 53143		70	
6/21/12	ALBERT NAMATH		12	
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 70	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ 12	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 82	

SCHEDULE 2-B

DISBURSEMENTS **Contributions To Committees** **(Transfers-Out)**

Page ____ of ____

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee GAB ID Number	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$23.56	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$23.56	